**商业保理行业团体标准第三期实务操作培训班**

**报名回执表**

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| **\*单位名称** | | | | **\*发票抬头**： | | | | | | | |
| **\*电子邮箱（用于接收电子发票）** | | | |  | | | | | | | |
| **联系地址** | | | |  | | | | | | | |
| **联系人** |  | | | **座机** | |  | **电子邮箱** | |  | | |
| **微信号** |  | | | **手机** | |  | **是否专委会会员单位** | | | | **□是 □否** |
| **参加人员** | | | | | | | | | | | |
| **\*姓名** | | **\*职务** | **\*性别** | | **\*证件号** | | | **\*电话** | | **\*邮箱** | |
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| **请把此表填写后发送至专委会秘书处官邮：cfec@cfec.org.cn，秘书处将尽快回复**  **注：一次性报名5人次及以上，可享受总费用的9.5折优惠；**  **一次性报名10人次及以上，可享受总费用的9折优惠。** | | | | | | | | | | | |
| **本期培训请自行安排住宿（如需住宿在培训酒店，请自行拨打酒店预订电话，报名后另行通知）**  **培训地点：成都**  **培训酒店地址：待定** | | | | | | | | | | | |

**注：专委会会员单位需加盖企业公章**